



Michigan Department of State
Bureau of Elections
www.michigan.gov/sos

POLITICAL COMMITTEE (PAC) AND INDEPENDENT COMMITTEE (PAC) CAMPAIGN STATEMENT INSTRUCTIONS AND FORMS

Do not use these forms if:

- **The Committee files with the Michigan Department of State and**
 - **Spent or received \$20,000.00 or more in a calendar year.**

You must file electronically.

Questions:

Contact us at:

Michigan Department of State
Bureau of Elections
P.O. Box 20126
Lansing, Michigan 48901-0726
Phone: (517) 373 2540
Fax: (517) 241-4785

Visit us at:

430 West Allegan Street
1st Floor Treasury Building
Lansing, MI 48918

www.michigan.gov/sos/

Electronic Filing Help Desk:

Merts Plus Helpdesk: 703-749-4642

Merts Plus Email: techsupport@nicusa.com

INSTRUCTIONS FOR COMPLETING CAMPAIGN STATEMENTS

A Campaign Statement must include a Cover Page, Summary Page and the Schedules that apply to the committee's transactions during the Campaign Statement coverage period. The Schedules are described below:

Item 1 of each Schedule: COMMITTEE I.D. NUMBER. Enter the committee's Campaign Finance Identification number as assigned by the filing official on ALL Schedule pages.

Item 2 of each Schedule: COMMITTEE NAME. Enter the committee's official name as it appears on the Statement of Organization.

Schedule 2A, Itemized Contributions. Schedule 2A is used to report detailed information for contributions or loans from individuals, committees and persons other than financial institutions received by the committee. The committee must report the name, address, date and amount for all money that is deposited into the account it uses for making expenditures to influence the nomination or election of a candidate or the qualification, passage or failure of a ballot question and expenditures for get-out-the-vote activities in Michigan. The information must also include the occupation, employer and business address if cumulative contributions from an individual are \$100.01 or more in a calendar year.

Schedule 2A-1, Itemized Other Receipts. Schedule 2A-1 is used to report receipts of money that are not contributions to the committee such as loans or interest from financial institutions, rebates and refunds, returned or uncashed checks, etc.

Schedule 2A-2, Itemized Contributions - Payroll. Schedule 2A-2 is used to report contributions from individuals whose contributions are made through payroll deductions.

Schedule 2-IK, Itemized In-Kind Contributions. Schedule 2-IK is used to report contributions or loans of goods, services or facilities to the committee and endorsements or guarantees of loans from financial institutions.

Schedule 2B, Itemized Expenditures. Schedule 2B is used to report all direct expenditures of money by the committee that are \$50.01 or more in value. Itemization is required for all expenditures made to other committees.

Schedule 2B-1, Itemized Independent Expenditures. Schedule 2B-1 is used to report expenditures in support or opposition to the nomination or election of a candidate or the qualification, passage or defeat of a ballot question and are not under the direction or control of any other committee or agent of a committee and are not direct contributions to a committee.

Schedule 2B-2, Itemized In-Kind Expenditures. Schedule 2B-2 is used to report the fair market value of goods or services donated to committees or charitable institutions.

Schedule B-G, Get-Out-The-Vote Activities. Schedule B-G is used to report expenditures made by the committee for election day busing of voters to the polls, slate cards, challengers, poll watchers, poll workers and other get-out-the-vote activities such as voter registration drives and phone banks. All committees are required to include, in addition to other information required in their Campaign Statements, an itemized listing of all expenditures made during the reporting period for voter registration or get-out-the-vote activities. Reportable get-out-the-vote expenditures include, but are not limited to:

- Election day busing of voters to the polls. (This includes all types of transportation.)
- Slate cards (printing and distribution)
- Challengers
- Pollwatchers
- Pollworkers
- Get-out-the-vote activities:
 - Telephone banks
 - Election day literature (other than slate cards)
 - Canvassing of voters
 - Transportation other than by bus
 - Voter registration drive

Schedule 2E, Debts and Obligations. Schedule 2E is used to report the status of outstanding debts owed to or by the committee and the name of any persons who have endorsed or guaranteed loans for the committee.

Schedule 2F, Fund Raiser. Schedule 2F is used to summarize information regarding fund raisers held by the committee.

SUBTOTAL: Enter the subtotal of transactions on each page of each type of Schedule.

SCHEDULE TOTAL: Enter the total of all transactions on the last page of each type of Schedule.

NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3."



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: _____ To _____
Mo Day Year Mo Day Year

1. Committee I.D. Number

4. Committee's Mailing Address

Area Code and Phone (_____) _____ - _____

2. Committee Name

If the address in this box is different from the committee mailing address on the Statement of
Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Area Code and Phone

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated
Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON
STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ **DISSOLUTION OF COMMITTEE**

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the
committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper _____ / _____ Date _____
Type or Print Name Signature Mo Day Year

INSTRUCTIONS FOR COMPLETING A CAMPAIGN STATEMENT COVER PAGE

- ITEM 3:** **CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this Campaign Statement.
- ITEM 4:** **COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.
- ITEM 5:** **TREASURER'S NAME AND ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.
- ITEM 6:** **TREASURER'S BUSINESS ADDRESS:** Enter the committee treasurer's business address and phone number.
- ITEM 7:** **DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number
- ITEM 8:** **TYPE OF STATEMENT:** Indicate the type of Campaign Statement being filed by checking the appropriate box or boxes.
- ITEM 9:** **VERIFICATION:** The treasurer o designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name were indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____
2. Committee Name _____

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ _____	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ _____
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ _____	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + _____	
15. SUBTOTAL Add lines 13 and 14	(15.) = _____	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - _____	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ _____	*

*If your ending balance is negative, please recheck your math.

INSTRUCTIONS FOR COMPLETION OF THE SUMMARY PAGE

ITEM 3a and c: ITEMIZED CONTRIBUTIONS: Enter, in Column I, the grand total of the direct contributions of money listed on Schedule 2A, Column 6 plus any contributions listed on Schedule 2A-2, Column 8. Enter the cumulative of the “contributions” received for the calendar year in Column II (**Item 18**).

ITEM 4: OTHER RECEIPTS: Enter in Column I the grand total of the “other receipts” listed on Schedule 2A-1, Column 6. Enter the cumulative of the “other receipts” received for the calendar year in Column II (**Item 19**).

ITEM 5: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS: Add Item 3c and Item 4 and enter the total in Column I, Item 5. Enter in Column II (**Item 20**) the sum of Item 18 and Item 19.

ITEM 6 and 7: ITEMIZED IN-KIND CONTRIBUTIONS: Enter in Column I the grand total of the in-kind contributions listed on Schedule 2-IK, Column 7. Enter the cumulative amount of the *in-kind contributions* received by the committee for the calendar year in Column II, (**Item 21**). If the Campaign Statement being completed covers portions of two calendar years, report the cumulative for the calendar year that has ended in Column II.

ITEM 8a: ITEMIZED EXPENDITURES: Enter in Column I the grand total of the *direct expenditures* listed on Schedule 2B, Column 7. **8b: ITEMIZED GET-OUT-THE-VOTE ACTIVITIES:** Enter in Column I, the total from Schedule B-G, Column 6.

8c: IN-KIND EXPENDITURES: Enter in Column I the total from Schedule 2B-2, Column 7. **8d: UNITEMIZED EXPENDITURES:** Enter in Column I the lump sum total of the *direct expenditures* made by the committee during the period covered by the Campaign Statement that were \$50.00 or less and were not itemized on any schedule.

ITEM 8e: SUBTOTAL: Add Items 8a, 8b, 8c and 8d and enter the total in Item 9, Column I. Enter the cumulative amount of expenditures of money made by the committee during the calendar year in Column II (**Item 22**).

ITEM 9: INDEPENDENT EXPENDITURES: Enter in Column I, Item 9, the grand total of the independent expenditures listed on Schedule 2B-1, Column 7. Enter the cumulative amount of the independent expenditures made by the committee during the calendar year in Column II (**Item 23**).

ITEM 10: TOTAL EXPENDITURES: Add Item 8 and 9 and enter the total in Column I, Item 10. Enter the cumulative amount of total expenditures made by the committee during the calendar year in Column II (**Item 24**).

ITEM 11: IN-KIND EXPENDITURES: Enter in Column I, Item 11, the grand total of the in-kind expenditures (**NON-MONETARY**) listed on Schedule 2B-2, Column 8. Enter the cumulative amount of the in-kind expenditures made by the committee during the calendar year in Column II (**Item 25**).

ITEM 12a: DEBTS AND OBLIGATIONS: Enter the grand total of the debts and obligations owed by the committee at the closing date of the Campaign Statement which were listed on Schedule 2E, Column 9 (“owed by”).

ITEM 12b: DEBTS AND OBLIGATIONS: Enter the grand total of the debts and obligations owed to the committee at the closing date of the Campaign Statement which were listed on Schedule 2E, Column 9 (“owed to”).

ITEM 13: BEGINNING BALANCE: Enter the “Ending Balance” from the last Campaign Statement filed by the committee.

ITEM 14: Enter the “Total Contributions and Other Receipts” from Column I, Item 5.

ITEM 15: SUBTOTAL: Add Item 13 and 14 and enter the total in Item 15.

ITEM 16: Enter the “Total Expenditures” from Column I, Item 10.

ITEM 17: ENDING BALANCE: Subtract Item 16 from Item 15. If the result in Item 17 is a negative amount, check the addition of all schedules and recalculate the Summary Page totals. The only time the committee should indicate a negative number as the ending balance is if the committee bank account is overdrawn on the closing date of the Campaign Statement.

NOTE: If the Campaign Statement being completed covers portions of two calendar years, enter the cumulative for the calendar year that has ended in Column II.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number _____
2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<div>3. Contribution # 1</div> <div>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</div> <div>Name: _____</div> <div>Address: _____</div> <div>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</div> <div>Business Address _____</div> <div>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		
<div>3. Contribution # 2</div> <div>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</div> <div>Name: _____</div> <div>Address: _____</div> <div>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</div> <div>Business Address _____</div> <div>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		
<div>3. Contribution # 3</div> <div>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</div> <div>Name: _____</div> <div>Address: _____</div> <div>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</div> <div>Business Address _____</div> <div>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		
<div>3. Contribution # 4</div> <div>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</div> <div>Name: _____</div> <div>Address: _____</div> <div>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</div> <div>Business Address _____</div> <div>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</div>		
Page Subtotal		
Grand Total of All Schedules 2A (Complete on last page of Schedule)		

Enter this total
on line 3 of
Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2A

ITEM 3: NAME AND ADDRESS: Enter the name and address of each contributor.

- If the contribution is from an individual, enter last name, first name, and middle initial. If the contribution is from a committee (Candidate, Political, Independent or Political Party), enter the committee name and address; do not enter the name of the individual who signed the check. If the contribution is from a Political Committee or an Independent Committee, check the “PAC Receipt? Yes” box. If the contribution is from any source that is not a PAC, leave the box unmarked.
- If the contribution is from a partnership, which has requested attribution to individual partners, report the individuals’ names and addresses with their proportion of the contribution. Do not report the name of the partnership.
- If the contribution is from a person or group that is not an individual or a registered committee, or if the contribution is from an out-of-state committee, report the name and address of the committee on Schedule 2A with the notation “**Memo Itemization Below**” written above the name of the contributor. In the space for the next contribution record immediately following this entry, enter the notation “**Memo Itemization**” and the name and address, date and amount for each person whose contribution was a part of the total contribution.

ITEM 4: DATE OF RECEIPT: Enter the date the contribution was actually received by the treasurer, designated record keeper or other agent designated by the treasurer. Do not enter the date the check was written or the date the contribution was deposited. Only report on the Schedule the contributions received during the period covered by the Campaign Statement.

ITEM 5: CONTRIBUTOR’S OCCUPATION, EMPLOYER, and BUSINESS ADDRESS: Complete this Item if the contributor’s cumulative contribution for the calendar year exceeds \$100.00. This applies only to individuals; do not make an entry in the item if the reported contribution is from a committee. If the contribution is from an unincorporated business, use this section to indicate “Not Incorporated.”

TYPE OF CONTRIBUTION: There are only two types of contributions of money: DIRECT contribution and LOAN from a person (a person other than a financial institution in the ordinary course of business). Check the appropriate box for each contribution.

- If the contribution is a loan from a person, it must also be reflected on Schedule 2E, Debts and Obligations, as a debt if there is an outstanding balance on the closing date of the Campaign Statement. Check both the “**Direct**” box and the “**Loan From a Person**” box. On the Campaign Statement reporting the expenditure that completely pays off the debt, report the debt on Schedule 2E with a zero balance.
- If the contribution was received as a fund raiser contribution or as the purchase price of a ticket to the recipient committee’s fund raising event, check both the “**Direct**” box and the “**Fund Raiser**” box.

ITEM 6: AMOUNT OF CONTRIBUTION: List each contribution separately by date, even if two or more contributions are received from the same person.

ITEM 7: CUMULATIVE FOR THE CALENDAR YEAR: Enter the cumulative amount of all contributions received from the contributor for the calendar year through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the same contributor when calculating the cumulative amount.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #2 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal			
Grand Total of All Schedules 2A -1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2A-1

ITEM 3: NAME AND ADDRESS: Enter the name and address of the person from whom the money was received.

ITEM 4: DATE OF RECEIPT: Enter the date the money was actually received by the treasurer, designated record keeper or other agent designated by the treasurer.

ITEM 5: TYPE OF RECEIPT: Check the appropriate box to indicate the type of "other receipt": a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit, or "other". If "other," provide a brief description in the space provided, such as "Return of excess contribution".

ITEM 6: AMOUNT: Enter the total amount of the receipt.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS- PAYROLL
SCHEDULE 2A-2**

INDEPENDENT OR POLITICAL COMMITTEE

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

3. NAME OF EMPLOYER: _____

4. BUSINESS ADDRESS: _____

1. Committee I.D. Number _____

2. Committee Name _____

5. Please enter contributor's name and address:	8. Amount	9. Cumulative for Calendar year for Each Contributor (Through date of receipt)
Contribution # 1 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 2 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 3 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 4 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 5 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 6 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 7 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		
Contribution # 8 6. Date of Receipt _____ Name: Address: 7. If over \$100.00 cumulative, please provide occupation:		

Page Subtotal
Grand Total of All Schedules 2A-2
Complete on last page of Schedule

Enter this total on
line 3 of Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2A-2

ITEM 3: NAME OF EMPLOYER: All of the contributors on each Schedule 2A-2 have the same employer, and therefore the name of the employer is only listed once at the top of the schedule.

ITEM 4: BUSINESS ADDRESS: For all of the contributors that have the same business address, that information can be listed once at the top of the Schedule. If the contributors are not all employed at the same address, use a separate Schedule 2A-2 for each business address.

ITEM 5: CONTRIBUTOR'S NAME AND ADDRESS: Enter last name first, first name and middle initial, street and number, city, state and zip code.

ITEM 6: DATE OF RECEIPT: Enter the date the contribution was deducted from the contributor's payroll.

ITEM 7: OCCUPATION: If the person's contribution is \$100.01 or more in a calendar year, enter the contributor's occupation in this space.

ITEM 8: AMOUNT: Enter the amount of the contribution.

ITEM 9: CUMULATIVE: Enter the cumulative contributions for each contributor for the calendar year.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		

Page Subtotal

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

Enter this total
on line 6a of
Summary Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2-IK

ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS: Enter the contributor's name and address. Check the "PAC Receipt? Yes" box if the contribution is from a PAC (Political or Independent Committee). **CONTRIBUTOR'S OCCUPATION,**

EMPLOYER, AND BUSINESS ADDRESS: Complete if the cumulative value of in-kind contributions, also direct contribution received from the contributor exceeds \$100.00 in a calendar year and the contributor is an individual.

ITEM 4: TYPE OF IN-KIND CONTRIBUTION: Check one of the five indicated categories for each in-kind contribution.

Endorsement or guarantee of bank loan: An endorsement is made when a contributor guarantees a financial institution that he or she will repay a loan from that financial institution if the committee defaults on payments. The amount endorsed is the amount to be reported as an in-kind contribution. Goods donated or loaned: Items that are given to the committee without charge, or

items loaned to the committee for temporary use with an expectation that the items will be returned to the contributor. The value to be reported as an in-kind contribution is the fair market value or amount it would have cost the committee to purchase or rent similar items in the local community. Example: use of a computer, use of office furniture. Services donated: Labor or services for which the contributor or other persons would normally be compensated that is donated to the committee without charge.

Example: accounting, legal or clerical services; free music for fund raising event provided by professional band, etc. (as long as they are not incorporated). The amount to be reported as an in-kind contribution is the amount usually charged to the general public for such or similar services. Goods or services purchased by others: The purchase, by a contributor, of materials, supplies

or services for the committee. Example: payment of the committee's printing bill by a contributor; purchase of office supplies or postage stamps; purchase of food for a fund raiser. The amount to be reported as an in-kind contribution is the amount the contributor paid for the goods or services. Goods or services purchased by others - LOAN: The purchase, by a contributor, of

materials, supplies or services for the committee for which the contributor wishes to be reimbursed. The examples would be the same as above, except for the fact the committee is expected to repay the contributor the cost incurred. Therefore, the amount is reported both as an in-kind contribution from the contributor on Schedule 2-IK, Itemized In-Kind Contributions, and as a debt

owed by the committee to the contributor on Schedule 2E, Debts and Obligations. **DESCRIPTION:** Enter a brief, clear description of each in-kind contribution that describes the goods or services contributed and, if not obvious, the purpose of the goods or services. If the contribution is related to a fund raiser event sponsored or co-sponsored by the committee, check the "Fund Raiser" box.

ITEM 5: DATE OF RECEIPT: Enter the date the in-kind contribution was received by the committee. The date must be within the period covered by the Campaign Statement

ITEM 6: VENDOR NAME AND ADDRESS: If the in-kind contribution consists of goods or services purchased on behalf of the committee by a contributor, enter the name and address of the vendor or person where the goods or services were purchased.

ITEM 7: AMOUNT: Enter the fair market value of the contribution; if the contribution was purchased, enter the amount paid.

ITEM 8: CUMULATIVE FOR CALENDAR YEAR: Enter the cumulative value of all in-kind contributions and itemized contributions of money made by the same contributor during the calendar year through the date of the contribution being reported. The contributions are cumulative in date order.



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name: Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name: Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name: Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name: Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
On Line 7a of the
Summary Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2B

ITEM 3: NAME AND ADDRESS OF PERSON PAID: Enter the name and address of each individual or business the committee made an expenditure of more than \$50.00 through a single expenditure or through a series of expenditures during the period covered by the Campaign Statement. Enter the name and address of each Political Committee, Independent Committee, Candidate Committee, Ballot Question Committee or Political Party Committee the committee made an expenditure in any amount during the period covered by the Campaign Statement.

If a third party made expenditures on behalf of the committee such as for media buys or reimbursement, report the additional detail information for this expenditure as a Memo Itemization. Report the gross expenditure made by the committee with the notation **“Memo Itemization Below”** written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid. In the space for the next expenditure record immediately following this entry, enter the notation **“Memo Itemization”** and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized. Please see example at the back of this booklet.

ITEM 4: PURPOSE: Describe the purpose of the expenditure. When reporting a mileage reimbursement to a staff member, enter the word “mileage” along with the number of miles and the reimbursement rate in the purpose field of the expenditure record. An example of mileage reimbursement reporting is shown in the examples at the end of this packet of forms.

ITEM 5: CANDIDATE NAME OR BALLOT QUESTION INFORMATION: If the expenditure was made to a Candidate Committee in support of that candidate’s nomination or election, enter the candidate's name, the office sought by the candidate, the district # or jurisdiction served by the office and the candidate's county of residence. If the expenditure was made to a Ballot Question Committee in support or opposition to the qualification, passage or defeat of a ballot proposal, identify the proposal and indicate whether it is a statewide, multi-county, or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside. If it is a statewide proposal, leave the county name blank. Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

Check the Fund Raiser box if the expenditure is related to a fund raising event sponsored or co-sponsored by this PAC.

ITEM 6: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 7: AMOUNT OF EXPENDITURE: Enter the full amount of the expenditure.

ITEM 8: CUMULATIVE FOR ELECTION OR ELECTION CYCLE: If the expenditure was made to support or oppose a candidate, enter the cumulative amount the committee has expended to support or oppose the candidate during this cycle. A candidate's current “election cycle” began on the **day following the date of the general election** in which the office sought by the candidate last appeared on the ballot and ends on the **day of the next general election** in which the office sought by the candidate will appear on the ballot. If the expenditure was made to support or oppose a ballot proposal, enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: 4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ Ballot Proposal _____ County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address: 4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ Ballot Proposal _____ County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address: 4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ Ballot Proposal _____ County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			

Subtotal this page
Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

Enter this total
on line 9 of the
Summary Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2B-1

ITEM 3: NAME AND ADDRESS OF PERSON PAID: Enter the name and address of each individual or business to which the committee made an expenditure in any amount during the period covered by the Campaign Statement that was made to support or oppose a candidate or ballot question.

ITEM 4: PURPOSE: Describe the purpose of the expenditure. Check the appropriate box to indicate if the expenditure is to support or oppose the candidate or proposal.

If a third party made expenditures on behalf of the committee such as for media buys or reimbursements, report the additional detail information for this expenditure as a Memo Itemization. Report the gross expenditure made by the committee with the notation **"Memo Itemization Below"** written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid. In the space for the next expenditure record immediately following this entry, enter the notation **"Memo Itemization"** and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized

ITEM 5: CANDIDATE NAME: If the independent expenditure was made to support or oppose a candidate, enter the candidate's name, the office sought by the candidate, the district # or jurisdiction served by the office and the candidate's county of residence. **BALLOT ISSUE:** If the independent expenditure was made to support or oppose a ballot proposal, identify the proposal and indicate whether it is a statewide, multi-county or single-county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside. Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

ITEM 6: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 7: AMOUNT OF EXPENDITURE: Indicate the amount spent for each candidate or issue supported or opposed.

ITEM 8: CUMULATIVE FOR ELECTION CYCLE: If the expenditure was made to support or oppose a candidate, enter the cumulative amount the committee has expended to support or oppose the candidate during the candidate's **"election cycle"** as independent expenditures only. Do not include any in-kind or direct expenditures; they are cumulated separately from independent expenditures on the Schedules for direct and in-kind expenditures as they count against contribution limits to each candidate. An independent expenditure does not count against the contribution limit of the candidate. A candidate's current election cycle began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which the office sought by the candidate will appear on the ballot. If the expenditure was made to support or oppose a ballot proposal, enter the cumulative amount of all expenditures the committee has made to support or oppose the proposal to date. For ballot proposals, all types of expenditures are cumulated together, including direct, in-kind and independent for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2

1. Committee I. D. Number _____

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name _____

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name: _____ Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal _____	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ _____			
Expenditure #2 Name: _____ Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal _____	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ _____			
Expenditure #3 Name: _____ Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal _____	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ _____			

Page Subtotal
Grand Total of all Schedules 2B-2
(Complete on last page of Schedule)

Enter this total
on line 7c of the
Summary Page

Enter this total on
line 11 of the Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 2B-2

ITEM 3: NAME AND ADDRESS OF PERSON OR COMMITTEE TO WHOM GOODS OR SERVICES WERE DONATED OR LOANED, OR FOR WHOM GOODS OR SERVICES WERE PURCHASED: If the goods or services were purchased and given, or purchased and loaned to a Candidate Committee, enter the name and address of the recipient committee, the candidate's name, office sought, including the district number or jurisdiction, and the candidate's county of residence. If the goods or services were purchased and given, or purchased and loaned to a Ballot Question Committee, enter the name and address of the recipient committee and identify the proposal, indicating whether it is a statewide, multi-county or single county issue. If listing a single-county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside.

ITEM 4: TYPE OF IN-KIND EXPENDITURE: Indicate the type of in-kind expenditure by checking the appropriate box. Describe the item or goods or services in the space provided.

ITEM 5: DATE OF EXPENDITURE: Enter the date money was spent, or the goods or services were made available to the recipient committee.

ITEM 6: VENDOR NAME AND ADDRESS: If the goods or services were purchased by the contributing committee on behalf of the recipient committee, enter the name of the vendor (business or person) who was actually paid for the goods or services. If goods or services were provided and no money was spent, leave this item blank.

ITEM 7: AMOUNT OF MONEY SPENT: For goods or services that were purchased, enter the amount of money spent. If no money was spent, leave this item blank.

ITEM 8: FAIR MARKET VALUE: Enter the amount of loan endorsed or guaranteed, or the fair market value of the goods or services donated or loaned to a committee. The depreciated value of capital assets may be used if the fair market value cannot be determined in any other way.

ITEM 9: CUMULATIVE FOR ELECTION CYCLE: If the expenditure was made to support or oppose a candidate, enter the cumulative amount the committee has expended to support or oppose the candidate during their election cycle. Include in the cumulative amount, all direct and in-kind expenditures made for the candidate through the expenditure date. A candidate's current "election cycle" began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which the office sought by the candidate will appear on the ballot. If the expenditure was made to support or oppose a ballot proposal, enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE B - G

POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.

Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name & Address: _____</p> <p>For Activity Type b - f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>		\$ _____
<p>Expenditure #2 Name & Address: _____</p> <p>For Activity Type b - f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>		\$ _____
<p>Expenditure #3 Name & Address: _____</p> <p>For Activity Type b - f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>		\$ _____

Subtotal this page

Grand Total of all Schedules B-G
(Complete on last page of Schedule)

Enter this total on Line Summary Page

Page _____ of _____

INSTRUCTIONS FOR COMPLETING SCHEDULE B-G

ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE: Enter the complete address of each person paid for get-out-the-vote activities. If the person listed here paid other persons or vendors, detail information must be reported using Memo Itemizations. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid. In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the ballot proposal and/or candidate involved. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (or the election candidate per election cycle) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal and/or candidate related to the expenditure being itemized. Indicate, by checking the appropriate box, whether the expenditure is “in-kind” or “independent”, and whether the expenditure is in support or in opposition to a candidate or ballot proposal.

ITEM 4: TYPE OF ACTIVITY: Check the appropriate box to indicate the type of activity for which the expenditure was made. For get-out-the-vote activity and voter registration expenditures that are not specifically listed on the schedule, specify the particular activity in the space provided

ITEM 5: DATE: Enter the date on which the expenditure was made to the entity in Item 3.

ITEM 6: AMOUNT: Enter the total amount paid to the entity in Item 3. If the expenditure was related to only one candidate, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name, office sought, district number or jurisdiction and the county of residence of the candidate, and the election cycle cumulative expenditures for that candidate through the date of this expenditure. If the expenditure is in support of, or in opposition to, a specific ballot proposal, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name of the proposal and indicate whether it is a proposal to be voted on statewide or locally. If locally (county, city, township, village, school district), indicate the name of the county where the voters will vote on the proposal. If the proposal will be voted on in more than one county, but not statewide, indicate the county with the greatest number of voters eligible to vote on the proposal. If the expenditure is in support of, or in opposition to, more than one candidate, or multiple ballot proposals, or a combination of candidates and proposals (as in slate cards), the cost must be allocated to each candidate or proposal, using MEMO ITEMIZATIONS as explained under Item #3.
Please Note:

For cumulative expenditures related to a candidate:

If the committee checks the in-kind box, the cumulative must reflect all direct and in-kind expenditures made to that candidate through the date of the expenditure being itemized. Independent expenditures related to that candidate are accumulated separately.

For cumulative expenditures related to a ballot proposal:

Accumulate direct, in-kind and independent expenditures together through the date of the expenditure being itemized.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____	_____ Amount Endorsed: \$ _____	 <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____	_____ Amount Endorsed: \$ _____	 <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____ _____ / / \$ _____	_____ Amount Endorsed: \$ _____	 <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

Page _____ of _____

INSTRUCTIONS FOR COMPLETING SCHEDULE 2E

Check **box a** if this Schedule 2E will be used to list debts and obligations owed by or forgiven the committee.

Check **box b** if this Schedule 2E will be used to list debts and obligations owed to or forgiven by the committee.

ITEM 3: NAME AND MAILING ADDRESS:

DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE: Enter the name and mailing address of any person, vendor or financial institution that:

- the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee.

DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE: Enter the name and mailing address of any person, vendor or financial institution that:

- owed to the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- during the period covered by the Campaign Statement being completed, the committee forgave a debt or obligation that was listed on the last Campaign Statement as owed to the committee. Check the box to indicate whether the debt is owed to an incorporated business. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

ITEM 4: TYPE OF OBLIGATION: Describe the debt or obligation.

ITEM 5: DATE DEBT WAS INCURRED: Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

ITEM 6: ORIGINAL AMOUNT OF DEBT: Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

ITEM 7: DATES AND AMOUNTS OF PAYMENTS: Enter the amount and the date of each payment on the debt or obligation.

ITEM 8: CUMULATIVE PAYMENTS: Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

ITEM 9: OUTSTANDING BALANCE: Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven.

Special Disclosure Note: Reporting Forgiven Debts and Obligations

If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9.

Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 2A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 2-IK).

When totaling the Debts and Obligations Schedule, do not add forgiven debts or obligations into the total. An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

Month Day Year

4. Number of Individuals Attending
or Participating (whichever is
greater)

5. Type of Fund Raising Activity

6. Address and Name (If any) of the
place where the activity was held

☐ Private Residence

7. Total Contributions _____

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event _____

*Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page _____ of _____

INSTRUCTIONS FOR COMPLETING SCHEDULE 2F

ITEM 3: DATE OF EVENT: Enter the date the fund raising event was held.

ITEM 4: NUMBER OF PEOPLE ATTENDING: Enter the larger of the following two numbers:

1) the number of persons who attended the fund raising event, or 2) the number of persons who contributed to the committee in connection with the fund raising event.

ITEM 5: TYPE OF FUND RAISING ACTIVITY: Describe the type of fund raising event held. Examples: A dinner, an auction, reception or a dance.

ITEM 6: NAME AND ADDRESS OF PLACE: Enter the address and name (if any) of the facility where the fund raising event was held. Check the box in Item 6 if the event was held at a private residence. This tells the filing official that there should be no expenditures on Schedule 2B for facility rental for this fund raiser.

ITEM 7: TOTAL CONTRIBUTIONS: Enter the total amount of contributions received by the committee in connection with the fund raising event.

ITEM 8: OTHER RECEIPTS: Enter the amount of any "other receipts" the committee received in connection with the fund raising event. This would include, for example, refunds of deposits refunded to the committee in connection with the event.

ITEM 9: GROSS RECEIPTS: Enter the total of lines 7 and 8. This provides the gross receipts received by the committee in connection with the fund raising event.

ITEM 10 TOTAL COST OF EVENT: Enter the total cost of holding the fund raising event. This includes the value of in-kind contributions (reported on Schedule 2-IK, Itemized In-Kind Contributions) in addition to any expenditures made for the event. The expenditures must be reported on Schedule 2B, Itemized Expenditures.

ITEM 11 JOINT FUND RAISERS: If the event held was a joint fund raiser, check the box and enter the name(s) of the co-sponsor(s) of the event. Also show the percentage of the contributions received by each of the co-sponsors and the percentage of the costs paid by each of the co-sponsors.

EXAMPLE PAGES FOLLOW

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FOR INFORMATION AND

EXAMPLE ONLY

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INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 04/21/2002 To 07/20/2002
Mo Day Year Mo Day Year

1. Committee I.D. Number

112567-8

4. Committee's Mailing Address
P.O. BOX 118

LANSING MI 48901
Area Code and Phone (517) 558-9230

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
ROGER BANNEKER
323 PATRICIA

LANSING MI 48910
Area Code and Phone (517) 555-3608

Driver License # (Optional)

6. Treasurer's Business Address
P.O. BOX 118

LANSING MI 48901
Area Code and Phone (517) 558-9230

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
ANITA JACKSON
828 OKEMOS RD

OKEMOS MI 48864
Area Code and Phone (517) 559-1252 Driver License # (Optional)

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRI-ANNUAL STATEMENTS

Even Year Odd Year
☐ April 25 ☐ January 31
☒ July 25 ☐ July 25
☐ October 25 ☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31 ☐ April 25
☐ July 25 ☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL
☐ CONVENTION ☐ SCHOOL
☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES
REGISTERED ON
STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h to
indicate which Statement is being amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. Note:
The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper: ROGER BANNEKER Date 07/20/2002
Type of Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999pacov

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SUMMARY PAGE INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

	Column I This Period	Column II Cumulative for Calendar Year
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>3175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3175.00</u>	(18.) \$ <u>54050.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>201334.94</u>	(19.) \$ <u>201334.94</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>204509.94</u>	(20.) \$ <u>255384.94</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>200500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>200500.00</u>	(21.) \$ <u>200500.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>41717.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>213.80</u>	
c. In-Kind Expenditures-Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>642.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>42572.80</u>	(22.) \$ <u>52702.80</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>15000.00</u>	(23.) \$ <u>15000.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>57572.80</u>	(24.) \$ <u>67702.80</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>2950.00</u>	(25.) \$ <u>2950.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>200150.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>342.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>40970.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>204509.94</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>245479.94</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>57572.80</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>187907.14</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.

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ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>1</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>04/26/2002</u></p> <p>Name: <u>LINCOLN BLOCK CLUB</u> 852 LINCOLN ST Address: <u>LINCOLN NE 88842</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		250.00	250.00
<p>3. Contribution # <u>2</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>04/22/2002</u></p> <p>Name: <u>INEZ MARTIN</u> 897 LINCOLN ST Address: <u>LINCOLN NE 88842</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>LINCOLN SCHOOL DISTRICT</u> 123 HOLT RD</p> <p>Business Address <u>LINCOLN NE 88842</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		(150.00)	
<p>3. Contribution # <u>3</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>04/21/2002</u></p> <p>Name: <u>JEAN WILLIAMS</u> 845 LINCOLN ST Address: <u>LINCOLN NE 88842</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		(100.00)	
<p>3. Contribution # <u>4</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>06/25/2002</u></p> <p>Name: <u>STATE CENTRAL POLITICAL PARTY</u> 3891 MAIN ST Address: <u>LANSING MI 48911</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		500.00	500.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

750.00

Enter this total
on line 3a of
Summary
Page

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ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>07/04/2002</u> Name: <u>19TH CONGRESSIONAL DISTRICT</u> Address: <u>456 MAIN ST</u> <u>DEWITT MI 49921</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>6</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>07/04/2002</u> Name: <u>COUNTY POLITICAL PARTY</u> Address: <u>181 COUNTY RD S</u> <u>NORTH COUNTY MI 48890</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1525.00	1800.00
3. Contribution # <u>7</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>07/04/2002</u> Name: <u>DAVID FISHER</u> Address: <u>12 OAKWOOD BLVD</u> <u>ST. CLAIR SHORES MI 48079</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>BRYER HEALTH CLINIC</u> <u>555 MAIN DRIVE</u> Business Address <u>ST. CLAIR SHORES MI 48079</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	250.00
3. Contribution # <u>8</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>07/04/2002</u> Name: <u>REESE FOR CONGRESS</u> Address: <u>310 EUCLID #8</u> <u>WASHINGTON DC 20548</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	750.00

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

2425.00
3175.00

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on line 3a of
Summary
Page

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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-B

2. Committee Name United Citizens Association Political Action Committee

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	4. Type of In-Kind Contribution (Check applicable box or boxes) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>JOHN FORD</u> Address: <u>123 MAIN ST</u> <u>OKEMOS MI 48864</u> <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>SURGEON</u> Employer: <u>SELF EMPLOYED</u> Business Address: <u>456 DOCTOR ST</u> <u>OKEMOS MI 48864</u> <input type="checkbox"/> Fund Raiser Contribution	<input checked="" type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>LOAN</u> 5. DATE OF RECEIPT: <u>04/25/2002</u> 6. VENDOR NAME & ADDRESS: <u>MICHIGAN NATIONAL BANK</u> <u>123 W ALLEGAN</u> <u>LANSING MI 48933</u>	200000.00	200000.00
Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>ANN BANNEKER</u> Address: <u>323 PATRICIA</u> <u>LANSING MI 48910</u> <small>If over \$100.00 cumulative, please provide:</small> Occupation: Employer: <u>HOMEMAKER</u> Business Address: <input type="checkbox"/> Fund Raiser Contribution	<input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>OFFICE SUPPLIES</u> 5. DATE OF RECEIPT: <u>04/26/2002</u> 6. VENDOR NAME & ADDRESS: <u>STAPLES</u> <u>569 E MICHIGAN AVE</u> <u>LANSING MI 48918</u>	165.00	165.00
Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>ROSLYN YATES</u> Address: <u>892 JASMIN ST</u> <u>OKEMOS MI 48864</u> <small>If over \$100.00 cumulative, please provide:</small> Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	<input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>USED TYPEWRITER</u> 5. DATE OF RECEIPT: <u>05/20/2002</u> 6. VENDOR NAME & ADDRESS:	50.00	50.00

Page Subtotal
Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

200215.00

Enter this total on line 6a of Summary Page

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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-R

2. Committee Name United Citizens Association Political Action Committee

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	4. Type of In-Kind Contribution (Check applicable box or boxes) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>ROGER BANNEKER</u> Address: <u>323 PATRICIA</u> <u>LANSING MI 48910</u> If over \$100.00 cumulative, please provide: Occupation: <u>TREASURER</u> Employer: <u>United Citizens Association Political Action Committee</u> Business Address: <u>P.O. BOX 118</u> <u>LANSING MI 48901</u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>FUNDRAISER TICKETS</u> 5. DATE OF RECEIPT: <u>06/10/2002</u> 6. VENDOR NAME & ADDRESS: <u>KINKO'S</u> <u>3300 W SAGINAW</u> <u>LANSING MI 48917</u>	155.00	155.00
Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>ANITA JACKSON</u> Address: <u>828 OKEMOS RD</u> <u>OKEMOS MI 48864</u> If over \$100.00 cumulative, please provide: Occupation: <u></u> Employer: <u></u> Business Address: <u></u> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>HOT DOGS & HAMBURGER MEAT</u> 5. DATE OF RECEIPT: <u>07/03/2002</u> 6. VENDOR NAME & ADDRESS: <u>KROGERS</u> <u>200 HOLMES RD</u> <u>LANSING MI 48910</u>	80.00	80.00
Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>ANITA JACKSON</u> Address: <u>828 OKEMOS RD</u> <u>OKEMOS MI 48864</u> If over \$100.00 cumulative, please provide: Occupation: <u>DESIGNATED RECORDKEEPER</u> Employer: <u>United Citizens Association Political Action Committee</u> Business Address: <u>P.O. BOX 118</u> <u>LANSING MI 48901</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>PARTY FAVORS</u> 5. DATE OF RECEIPT: <u>07/05/2002</u> 6. VENDOR NAME & ADDRESS: <u></u> <u></u> <u></u>	50.00	130.00
Page Subtotal Grand Total of all Schedules 2-IK (Complete on last page of Schedule)		285.00	200500.00

Enter this
total on line
6a of
Summary
Page

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ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-9

2. Committee Name United Citizens Association Political Act-
ion Committee

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: MICHIGAN NATIONAL BANK 123 W ALLEGAN Address: LANSING MI 48933 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>04/25/2002</u>	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) LOAN	200000.00
Receipt # 2 Name: STANDARD FEDERAL BANK 112 GRAND RIVER Address: OKEMOS MI 48864 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>06/01/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify)	4.94
Receipt # 3 Name: COMMITTEE TO ELECT JOHN BROWN 525 AGATHA ST Address: EAST LANSING MI 48823 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>06/15/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \ Rebate <input checked="" type="checkbox"/> Other (Specify) RETURN OF EXCESS	1000.00
Receipt # 4 Name: HOLIDAY INN SOUTH 6922 S CEDAR ST Address: LANSING MI 48911 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>07/04/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify)	200.00
Receipt # 5 Name: RIVERVIEW PLACE 5256 S CEDAR ST Address: LANSING MI 48911 <input type="checkbox"/> Fund Raiser	Date of Receipt <u>07/15/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify)	130.00

Page Subtotal 201334.94
Grand Total of All Schedules 2A-1
(Complete on last page of Schedule) 201334.94

Enter this total on
line 4 of Summary
Page

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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8
2. Committee Name United Citizens Association Political Action Committee

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name <u>HOLIDAY INN SOUTH</u> Address <u>6922 S CEDAR ST</u> <u>LANSING MI 48911</u> 4. Purpose: <u>DEPOSIT</u> Expenditure Code: <u>RE</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>04/24/2002</u>	<u>200.00</u>	
Expenditure # 2 Name <u>ALLGOOD FOR STATE REP</u> Address <u>945 MAPLE ST</u> <u>LANSING MI 48910</u> 4. Purpose: <u>CONTRIBUTION</u> Expenditure Code: <u>CC</u> Fund Raiser <input type="checkbox"/>	5. <u>WINSTON ALLGOOD</u> Name of Candidate <u>State Representative #100</u> Office Sought & District # or Jurisdiction <u>INGHAM</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>05/01/2002</u>	<u>500.00</u>	<u>500.00</u>
Expenditure # 3 Name <u>SANDY WHITFIELD FOR CO CL-ERK</u> Address <u>1800 ELM STREET</u> <u>LANSING MI 48918</u> 4. Purpose: <u>CONTRIBUTION</u> Expenditure Code: <u>CC</u> Fund Raiser <input type="checkbox"/>	5. <u>SANDRA WHITFIELD</u> Name of Candidate <u>County Clerk</u> Office Sought & District # or Jurisdiction <u>INGHAM</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>05/01/2002</u>	<u>100.00</u>	<u>100.00</u>
Expenditure # 4 Name <u>COMMITTEE TO PASS PROP A</u> Address <u>23 BOOKER ST</u> <u>EAST LANSING MI 48823</u> 4. Purpose: <u>CONTRIBUTION</u> Expenditure Code: <u>CC</u> Fund Raiser <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>INGHAM</u> County <u>COMMITTEE TO PASS PROP A</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>05/18/2002</u>	<u>500.00</u>	<u>500.00</u>
Subtotal this page Grand Total of all Schedules 2B (Complete on last page of Schedule)			<u>1300.00</u>	

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Enter this total
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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # <u>5</u> Name <u>BANNER PRINTING</u> Address <u>915 S LAWFORD</u> <u>LANSING MI 48910</u> 4. Purpose: <u>PRINTING</u> Expenditure Code: <u>OE</u> Fund Raiser <input type="checkbox"/>	<u>5</u> Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>06/10/2002</u>	<u>75.00</u>	
Expenditure # <u>6</u> Name <u>SMITH FOR SENATE</u> Address <u>1800 W IONIA</u> <u>LANSING MI 48917</u> 4. Purpose: <u>LOAN</u> Expenditure Code: <u>LO</u> Fund Raiser <input type="checkbox"/>	<u>6</u> <u>SUE SMITH</u> Name of Candidate <u>State Senate #22</u> Office Sought & District # or Jurisdiction <u>ONTONAGON</u> County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/01/2002</u>	<u>342.00</u>	<u>684.00</u>
Expenditure # <u>7</u> Name <u>ARCO MEDIA</u> Address <u>19600 HILLSDALE ST</u> <u>LANSING MI 48915</u> 4. Purpose: <u>LOAN PAYMENT</u> Expenditure Code: <u>LO</u> Fund Raiser <input type="checkbox"/>	<u>7</u> Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/20/2002</u>	<u>20000.00</u>	
Expenditure # <u>8</u> Name <u>MICHIGAN NATIONAL BANK</u> Address <u>123 W ALLEGAN</u> <u>LANSING MI 48933</u> 4. Purpose: <u>LOAN PAYMENT</u> Expenditure Code: <u>LO</u> Fund Raiser <input type="checkbox"/>	<u>8</u> Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>07/20/2002</u>	<u>20000.00</u>	

Subtotal this page 40417.00
 Grand Total of all Schedules 2B
 (Complete on last page of Schedule) 41717.00

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ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

3. Name and address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased	4. Type of In-Kind Expenditure (Check applicable box or boxes) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in item 5)
Expenditure # 1 Name: FRIENDS OF AMY BAKER Address: 23 BOSTON BLVD HASLETT MI 48872 AMY BAKER Name of Candidate County Drain Commissioner EATON CO Office Sought & District # or Jurisdiction EATON County Ballot Proposal	4. <input checked="" type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>LOAN ENDORSEMENT</u> 5. DATE OF EXPENDITURE: <u>05/23/2002</u> 6. VENDOR NAME AND ADDRESS: <u>NATIONAL CITY BANK</u> <u>1 MICHIGAN AVE</u> <u>LANSING MI 48933</u>		2000.00	2000.00
Expenditure # 2 Name: SANDY WHITFIELD FOR CO CLERK Address: 1800 ELM STREET LANSING MI 48918 SANDRA WHITFIELD Name of Candidate County Clerk Office Sought & District # or Jurisdiction INGHAM County Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>NEWSPAPER</u> 5. DATE OF EXPENDITURE: <u>05/25/2002</u> 6. VENDOR NAME AND ADDRESS: <u>LANSING STATE JOURNAL</u> <u>100 S CAPITOL STE #1</u> <u>LANSING MI 48933</u>	300.00		506.90
Expenditure # 3 Name: ALLOGOOD FOR STATE REP Address: 945 MAPLE ST LANSING MI 48910 WINSTON ALLOGOOD Name of Candidate State Representative #100 Office Sought & District # or Jurisdiction INGHAM County Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>OLD COMPUTER</u> 5. DATE OF EXPENDITURE: <u>05/26/2002</u> 6. VENDOR NAME AND ADDRESS:		150.00	756.90
Page Subtotal Grand Total of all Schedules 2B-2 (Complete on last page of Schedule)		300.00	2150.00	

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Bureau of Elections

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ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

3. Name and address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased	4. Type of In-Kind Expenditure (Check applicable box or boxes) 5. Date of Expenditure	6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in item 5)
<p>Expenditure # <u>4</u> Name: <u>SMITH FOR SENATE</u> Address: <u>1800 W IONIA</u> <u>LANSING MI 48917</u> <u>SUE SMITH</u> Name of Candidate <u>State Senate #22</u> Office Sought & District # or Jurisdiction <u>ONTONAGON</u> County Ballot Proposal</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>PRINTED FYLERS</u> 5. DATE OF EXPENDITURE: <u>07/01/2002</u> 6. VENDOR NAME AND ADDRESS: <u>INSTY PRINTS</u> <u>123 GRAND RIVER AVE</u> <u>EAST LANSING MI 48823</u></p>		342.00		342.00
<p>Expenditure # <u>5</u> Name: <u>LANSING JAYCEES</u> Address: <u>908 CAPITOL AVE</u> <u>LANSING MI 48912</u> Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>FOOD TENT SERVICE</u> 5. DATE OF EXPENDITURE: <u>07/04/2002</u> 6. VENDOR NAME AND ADDRESS:</p>			800.00	

Page Subtotal
Grand Total of all Schedules 2B-2
(Complete on last page of Schedule)

342.00	800.00
642.00	2950.00

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EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE B-G
POLITICAL PARTY, POLITICAL OR INDEPENDENT
COMMITTEES

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in Item 4f.

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure # 1 Name & Address: AMERITECH 100 S CAPITOL STE #1 LANSING MI 48933 For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): TELEPHONE SURVEY Cumulative for Candidate or Ballot Proposal \$ _____	05/03/2002	\$ 200.00 Memo - itemization below
Expenditure # 2 Name & Address: WINSTON ALLGOOD For Activity Type "b" - "f", check one: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name <u>WINSTON ALLGOOD</u> Office Sought & District # or Jurisdiction <u>State Representative #100</u> Candidate's County <u>INGHAM</u> Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): TELEPHONE SURVEY Cumulative for Candidate or Ballot Proposal \$ 600.00	05/03/2002	\$ (100.00) Memo - itemization
Expenditure # 3 Name & Address: SANDRA WHITFIELD For Activity Type "b" - "f", check one: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name <u>SANDRA WHITFIELD</u> Office Sought & District # or Jurisdiction <u>County Clerk</u> Candidate's County <u>INGHAM</u> Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): TELEPHONE SURVEY Cumulative for Candidate or Ballot Proposal \$ 200.00	05/03/2002	\$ (100.00) Memo - itemization
Subtotal this page			200.00
Grand Total of all Schedules B-G (Complete on last page of Schedule)			

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CFR Revised 7/1999pec-b-g

Authority granted under P.A. 386 of 1976

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EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE B-G
POLITICAL PARTY, POLITICAL OR INDEPENDENT
COMMITTEES

1. Committee I.D. Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in item 4f.

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure # 4 Name & Address: KINKO'S 3300 W SAGINAW LANSING MI 48917 For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input checked="" type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	05/05/2002	\$ 13.80 Memo - itemization below
Expenditure # 5 Name & Address: WINSTON ALLGOOD For Activity Type "b" - "f", check one: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name <u>WINSTON ALLGOOD</u> Office Sought & District # or Jurisdiction <u>State Representative #100</u> Candidate's County <u>INGHAM</u> Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input checked="" type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ <u>606.90</u>	05/05/2002	\$ (6.90) Memo - itemization
Expenditure # 6 Name & Address: For Activity Type "b" - "f", check one: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name <u>SANDRA WHITFIELD</u> Office Sought & District # or Jurisdiction <u>County Clerk</u> Candidate's County <u>INGHAM</u> Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input checked="" type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ <u>206.90</u>	05/05/2002	\$ (6.90) Memo - itemization
Subtotal this page			13.80
Grand Total of all Schedules B-G (Complete on last page of Schedule)			213.80

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CFR Revised 7/1999pac-b-g

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ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 2B-1 INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8
2. Committee Name United Citizens Association Political Action Committee

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 1 Name & Address: ARCO MEDIA 19600 HILLSDALE ST LANSING MI 48915 4. Purpose: _____ Expenditure Code: _____ Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal _____ County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	04/22/2002	15000.00	Memo - itemization below
Expenditure # 2 Name & Address: WXDA RADIO 555 DUNLAP RD LANSING MI 48911 4. Purpose: <u>MEDIA</u> Expenditure Code: <u>BA</u> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>WINSTON ALLGOOD</u> Name of Candidate <u>State Representative #100</u> Office Sought & District # or Jurisdiction <u>INGHAM</u> Ballot Proposal _____ County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	04/24/2002	(3000.00)	(3000.00)
Expenditure # 3 Name & Address: WIGT TV 215 MERIDIAN HWY OKEMOS MI 48864 4. Purpose: <u>MEDIA</u> Expenditure Code: <u>BA</u> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>SUE SMITH</u> Name of Candidate <u>State Senate #22</u> Office Sought & District # or Jurisdiction <u>ONTONAGON</u> Ballot Proposal _____ County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	04/24/2002	(3000.00)	(3000.00)
Subtotal this page Grand Total of all Schedules 2B-1 (Complete on last page of Schedule)			15000.00	

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ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 2B-1 INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8
2. Committee Name United Citizens Association Political Action Committee

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # 4 Name & Address: WXDA RADIO 555 DUNLAP RD LANSING MI 48911 4. Purpose: <u>MEDIA</u> Expenditure Code: <u>BA</u> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>SANDRA WHITFIELD</u> Name of Candidate <u>County Clerk</u> Office Sought & District # or Jurisdiction <u>INGHAM</u> Ballot Proposal County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/01/2002	(1000.00)	(1000.00)
Memo - itemization				
Expenditure # 5 Name & Address: WIGT TV 215 MERIDIAN HWY OKEMOS MI 48864 4. Purpose: <u>MEDIA</u> Expenditure Code: <u>BA</u> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>SANDRA WHITFIELD</u> Name of Candidate <u>County Clerk</u> Office Sought & District # or Jurisdiction <u>INGHAM</u> Ballot Proposal County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	05/02/2002	(1000.00)	(2000.00)
Memo - itemization				
Expenditure # 6 Name & Address: WXDA RADIO 555 DUNLAP RD LANSING MI 48911 4. Purpose: <u>MEDIA</u> Expenditure Code: <u>BA</u> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>COMMITTEE TO PASS PR-</u> <u>INGHAM</u> Ballot Proposal County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	06/21/2002	(7000.00)	(7000.00)
Memo - itemization				
Subtotal this page			0.00	
Grand Total of all Schedules 2B-1 (Complete on last page of Schedule)			15000.00	

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**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT
COMMITTEE**

1. Committee I.D Number 112567-8

2. Committee Name United Citizens Association Political Action Committee

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☒ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)
Debt # 1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>RIVERVIEW PLACE</u> <u>5256 S CEDAR ST</u> <u>LANSING</u> MI <u>48911</u>	4. Type: <u>DEPOSIT</u> Code <u>RE</u> 5. Date Debt Was Incurred: <u>03/15/2002</u> 6. Original Amount of Debt: <u>\$ 130.00</u>	7. Date and amount of each payment <u>07/15/2002</u> \$ <u>130.00</u> 	8. Cumulative payment to date on debt 130.00	9. Outstanding Balance at close of this period (Item 5 minus Item 8) 0.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # 2 Corp? <input checked="" type="checkbox"/> Yes Owed to or by: <u>HOLIDAY INN SOUTH</u> <u>6922 S CEDAR ST</u> <u>LANSING</u> MI <u>48911</u>	4. Type: <u>DEPOSIT</u> Code <u>RE</u> 5. Date Debt Was Incurred: <u>04/24/2002</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	7. Date and amount of each payment <u>07/04/2002</u> \$ <u>200.00</u> 	8. Cumulative payment to date on debt 200.00	9. Outstanding Balance at close of this period (Item 5 minus Item 8) 0.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # 3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>SMITH FOR SENATE</u> <u>1800 W IONIA</u> <u>LANSING</u> MI <u>48917</u>	4. Type: <u>LOAN</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>07/01/2002</u> 6. Original Amount of Debt: <u>\$ 342.00</u>	7. Date and amount of each payment 	8. Cumulative payment to date on debt 0.00	9. Outstanding Balance at close of this period (Item 5 minus Item 8) 342.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt) Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				342.00 342.00

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Marta Plus

FUND RAISER SCHEDULE 2F INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 112567-8
2. Committee Name United Citizens Association Political Action Committee

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held Month <u>07</u> / <u>04</u> / <u>2002</u> Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>350</u>	5. Type of Fund Raising Activity <u>4TH OF JULY PARTY</u>	6. Address and Name (if any) of the place where the activity was held <u>HOLIDAY INN SOUTH</u> <u>8922 S CEDAR ST</u> <u>LANSING</u> <u>MI</u> <u>48911</u> <input type="checkbox"/> Private Residence
------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions of \$20.00 or less 0.00
8. Total Contributions of \$20.01 or more 3175.00
9. SUBTOTAL (Add lines 7 and 8) 3175.00
10. Other Receipts 0.00
11. Gross Receipts (Add lines 9 and 10) 3175.00
12. Total Cost of Event 235.00 *Includes In-Kind Contribution and All Expenditure Made For the Event

13. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
CITIZENS PAC	10.00	10.00
United Citizens Association Political Action Committee	90.00	90.00

- ☐ The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- ☐ Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized Expenditures Schedule (2B) and the Summary Page.
- ☐ Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 1

Authority granted under P.A. 388 of 1976

CFR Rev 9/1999 pac2-F